	CERTIFICATE OF ASSUN (Please type or print legibly. So	MED BUS	INESS NAME s on reverse.)	=
	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	E OF IDAHO	Par Is FIL Indersigned	ED 88
1.	The assumed business name which the und business is:	dersigned use	(s) in the transaction	SEB 21 P
2.	The true name(s) and business address(es business under the assumed business name) of the entity one is/are:	or individual(s) dom	3.02
	Name Complete Addr			
•	LAWRENCE C. LARAWAY DR. 17	75 E. Coup	AR CREEK DO M	EZIDAK, ID.
	STEVEN RICHART NAIL 10	955 N. BLA	CKTAIL ROISE,	ID \$3703
3.	The general type of business transacted un (mark only those that apply)	der the assum	ned business name	is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	—	nsportation and Publ nce, Insurance, and ng	1
4.	The name and address to which future Pl correspondence should be addressed:	hone number	(optional): <i>ZOS 8</i>	4-5293
	MERICIAN, 10 BIGHT		Submit Certificate of Assumed Business Name and \$20.00 fee	
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		1/98	Secretary of State use of IMMO SECRETARY OF STATE	•
Signatu	ire:	Revision 1/98	09/22/1998 09 X: 2352 CT: 184314 M:	9 = 140 147187
_			1 8 28.80 = 20.00 ASSU	M HOME 8 1
-rinted Capaci		pYomstebn.p65	D18461	
Japaul	(see instruction # 8 on back of form)	- PMorm:		•